

**CITY OF WATERTOWN, NEW YORK**  
**2005 Mileage and Expense Reimbursement For Travel**

Department \_\_\_\_\_

Charge Code \_\_\_\_\_

Date(s)	Description/Reason
	Beginning Odometer Reading _____
	Ending Odometer Reading _____
	Total Miles Traveled _____ @ \$.405 \$ _____
	Total Reimbursement \$ _____
	 _____ Employee's Signature
	Reimbursement check payable to: _____
	Address: _____
	_____
	_____

TO COMPTROLLER'S DEPARTMENT:

You are hereby authorized to issue a reimbursement check for the above amount to the above mentioned employee for mileage and/or expense reimbursement for travel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head